			IVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-04749$	8
	RTMENT	OF PU	UBLIC HEALTH AND WELFARE 164 Primary Registration District No. 3032 Registrar's No. 171 STATE FILE NUMBE	R
DO NOT WRITE ON THIS STUB	AMENI	DED	FILED JAN 4 1963	
VS 300			1. PLACE OF DEATH a. COUNTY Johnson 2. USUAL RESIDENCE (Where deceased lived. If institution: Resi a. STATE MISSOURI, COUNTY Johnson	dence before admission)
Rev. 4/59	2		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	nside Limits
السريدين				es 💢 No 🗆
8515 8515	DATE AMENDED		HOSPITAL OR Warrenshing Medical ADDRESS	es 🗆 No 💂
3		H	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
			Hannah Mariea Josephine Stuerke Dec. 24,1962	
4 /			5. SEX 6. COLOR OR RACE 7. Merried Never Merried & B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I YEAR IF	F UNDER 24 HE
5 0			Female White Widowed Divorced 3-23-44 18 Months Days H	lours Min.
6	ا ا ا	1 1 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT during most of working life, even if retired)	AT COUNTRY
i	8		House Reeper Own Home Lone back, No. Con	
1 7 <i>6</i> 1.			136. MOTHER'S NAME 14. NAME OF HUSBAND OR WIFE	
l 8 ./ I	로		Edwin G. Stuerke Velma Rooks Not Married 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address Address	
	&		(Yes, no, or unknown) (if yes, give war or dates of service	35-
9491XE	#	_	no Mrs Robert Bartlett, Warrensb	VAL RETOVEEN
10			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (x) BY LEST PART BY AND ALMONDON HE	TAND DEATH
11		DOCUMEN	IMMEDIATE CAUSE (a) BUCCULOU D'ADMINISTRATION H	www.
		l Ŏ	Conditions, if any, DUE TO (b)	•
144-0	INSTEAD		which gave rise to above cause (a), stating the under-	
	z		lying cause last.] DUE TO (c)	female wa
l l			disease condition given in PART I (a)	
			I Tremenin when underwed 6 mb. 1 Yes No	Unknow
	AMENDWEN		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy WAS AUTOPSY 20a, ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of PERFORMED? YES PRODUCTION OF THE PART III OF PART II	item 18.)
y O	AWE		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bidg., etc.)	STATE
2 × H	READ		21. Tattended the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ID RE		Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the cause	es stated.
USE	SHOULD	ᅵ닎	220.3104/12/2 / 1/1	c. DATE SIGNE
	[돐]	E	M.D. Warrensburg, Missouri. Dec	c.26,
		17	23a. BURIAL, CREMATION: 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(S1 1 4962
	S S	AFFIDA	Burial 12-28-62 Grand Pass Cemetery Grand Pass Missouri	<u> </u>
1	ITEM	⊁	Sweeney Phillips, Warrensburg, Mo. Dec. 27, 1962 Sweeney Phillips, Warrensburg, Mo. Dec. 27, 1962	77.11
ļ	-	6	<u> </u>	ufille
			(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

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or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed W. Haymond Baker
Signature of Student Embalmer	
	Licensed Embalmer No. 4616
	P. O. Address Knob Noster, Mo.
	. Att.
governments of lice of the state of the stat	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply ense). In his OWN handwriting.
If this body is not embalmed, fact should be so	stated above. with the significant of O+35(+), the significant of the original o